

CY 2016 ANNUAL OCCUPATIONAL SAFETY & HEALTH REPORT TO THE SECRETARY OF LABOR

APPENDIX 2**FATALITIES, HOSPITALIZATIONS, AMPUTATIONS, LOSS OF AN EYE REPORT**

Report each event separately. Summarize the event(s) in the narrative of the overall report.

Total number of fatalities: 0

Total number of hospitalizations: 0

(PLEASE DUPLICATE AS NEEDED)

Fatality, Hospitalization, or Other Reportable Event

☐ Fatality ☐ Hospitalization ☐ Amputation ☐ Loss of an Eye

Was it work related? Yes ☐ No ☐

Number of employees injured: [Number Injured]

Date of the Incident: [Date]

Number of employee fatalities: [Number of Fatalities]

Time of the Incident: [Time]

Description of workplace operations: [Operations Description]

Description of the incident: [Incident Description]

Analysis of workplace cause: [Cause Analysis]

Were corrective actions taken? Yes ☐ No ☐

If yes, please describe the actions taken: [Description of Actions]

Were programmatic changes made? Yes ☐ No ☐

If yes, please describe the changes made: [Description of Changes]